



STATE OF MARYLAND

Dhmmh

Maryland Department of Health and Mental Hygiene
300 W. Preston Street, Suite 202, Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

Office of Preparedness & Response
Sherry Adams, Director
Isaac P. Ajit, Deputy Director

December 10, 2012

Public Health & Emergency Preparedness Bulletin: # 2012:48 Reporting for the week ending 12/1/12 (MMWR Week #48)

CURRENT HOMELAND SECURITY THREAT LEVELS

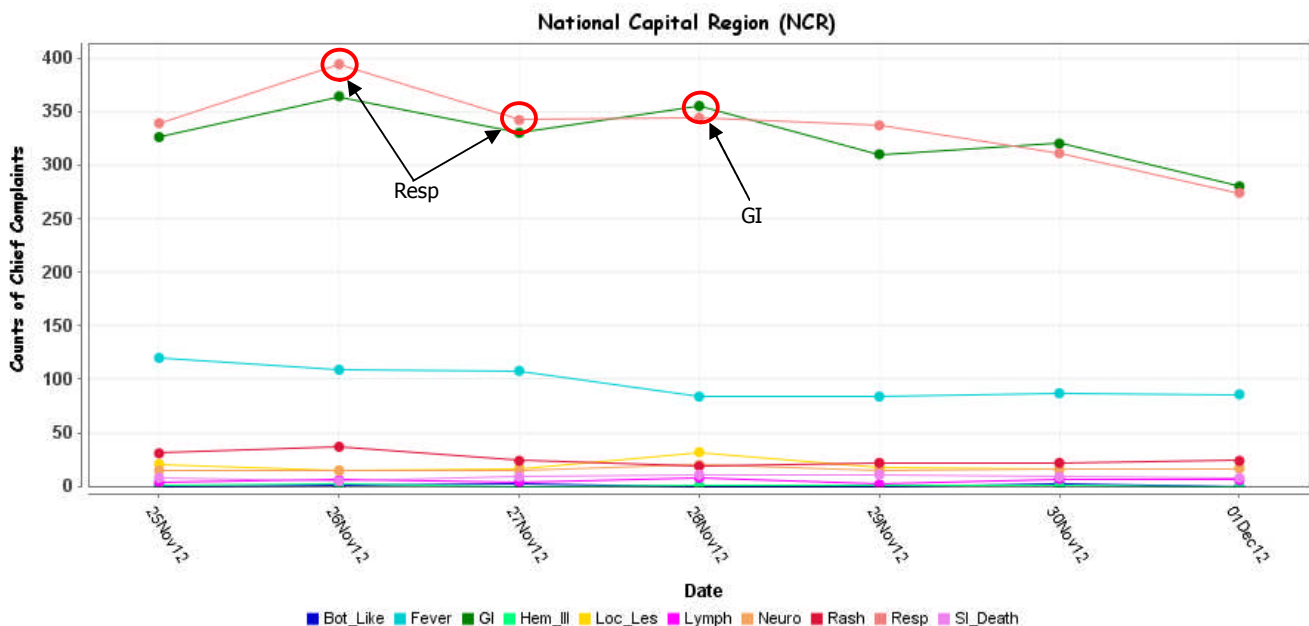
National: No Active Alerts
Maryland: Level One (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

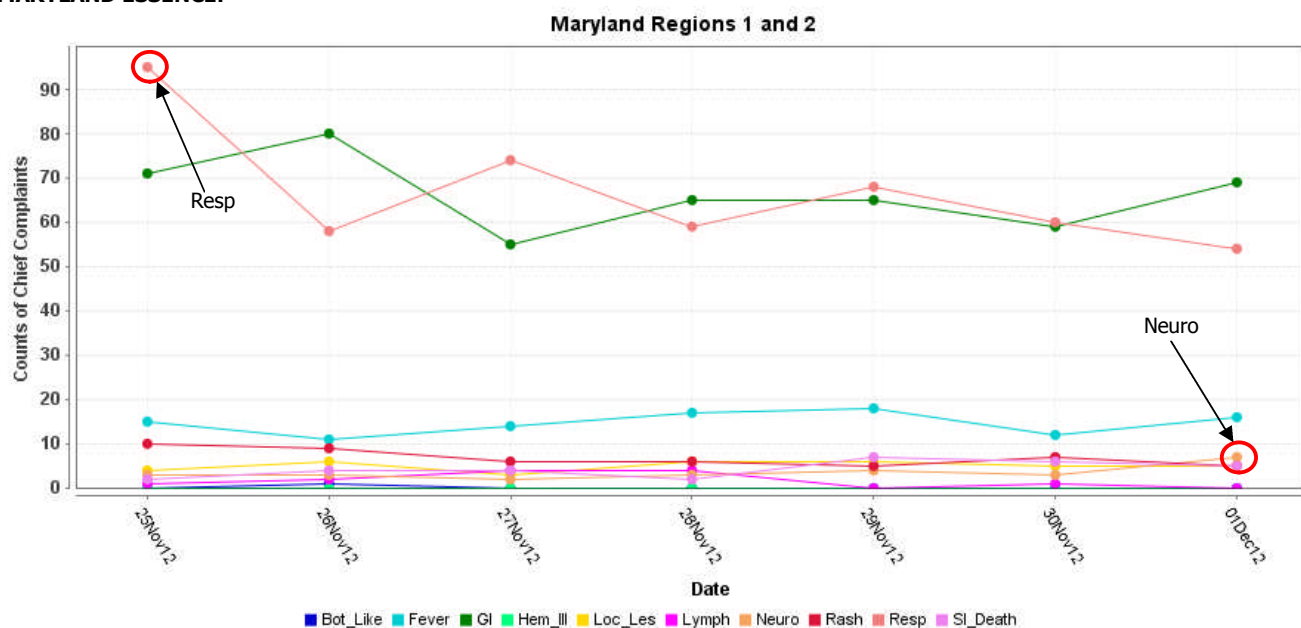
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

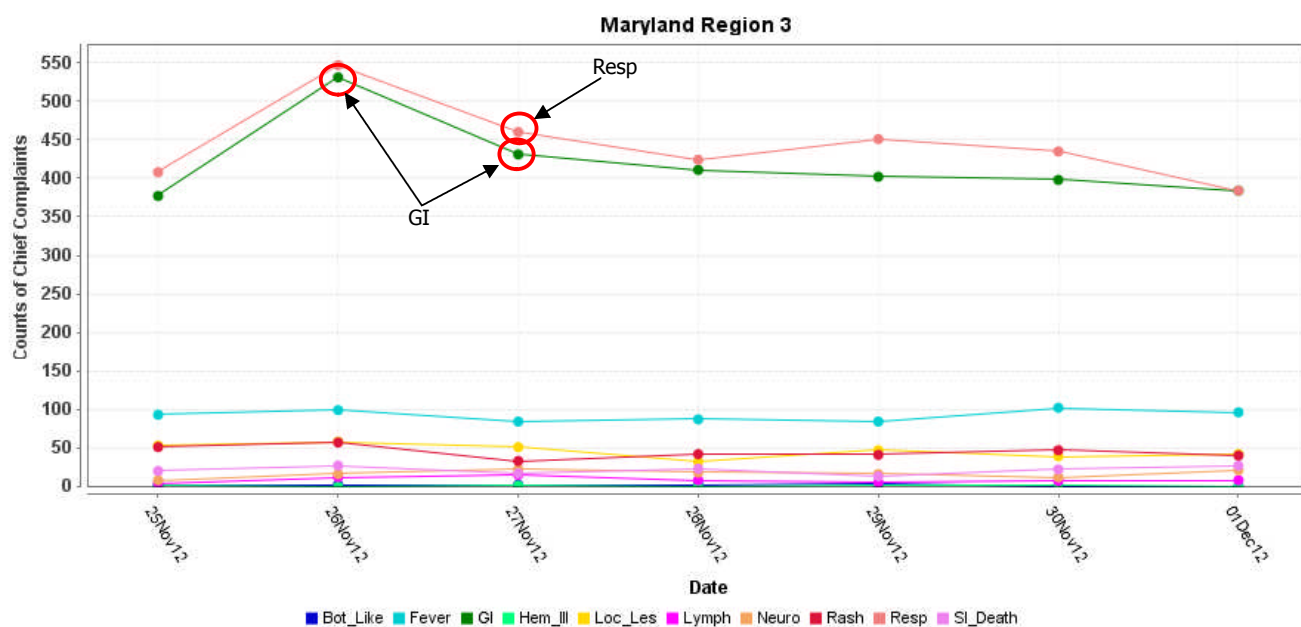


*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

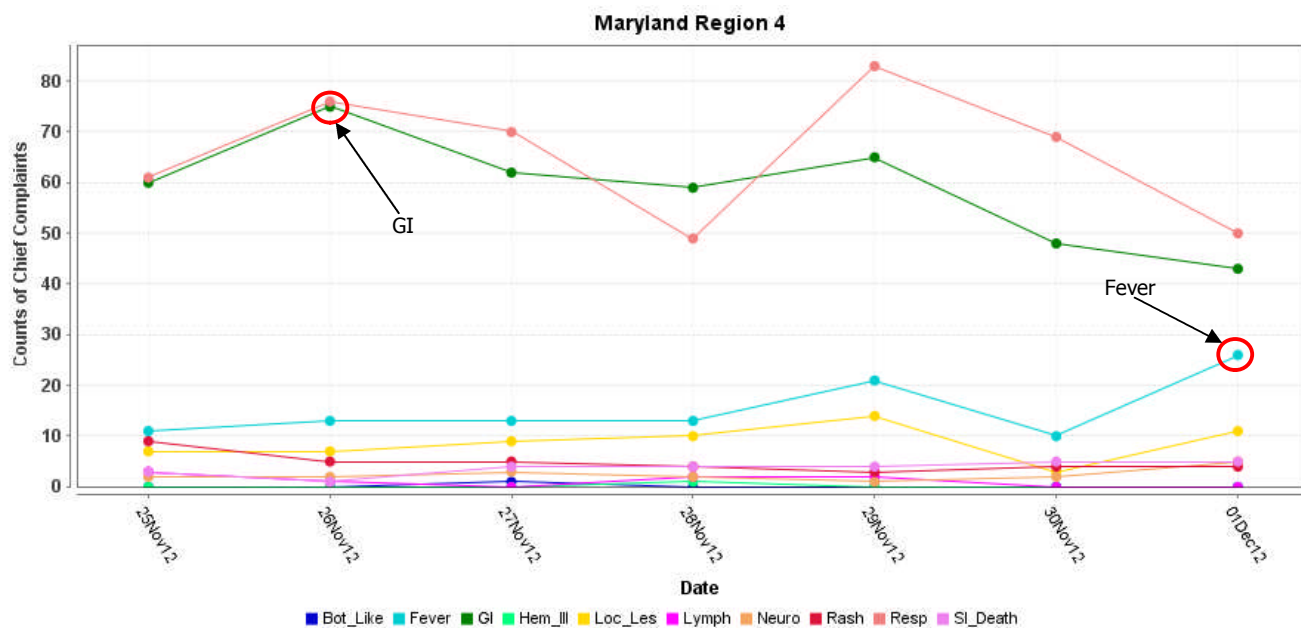
MARYLAND ESSENCE:



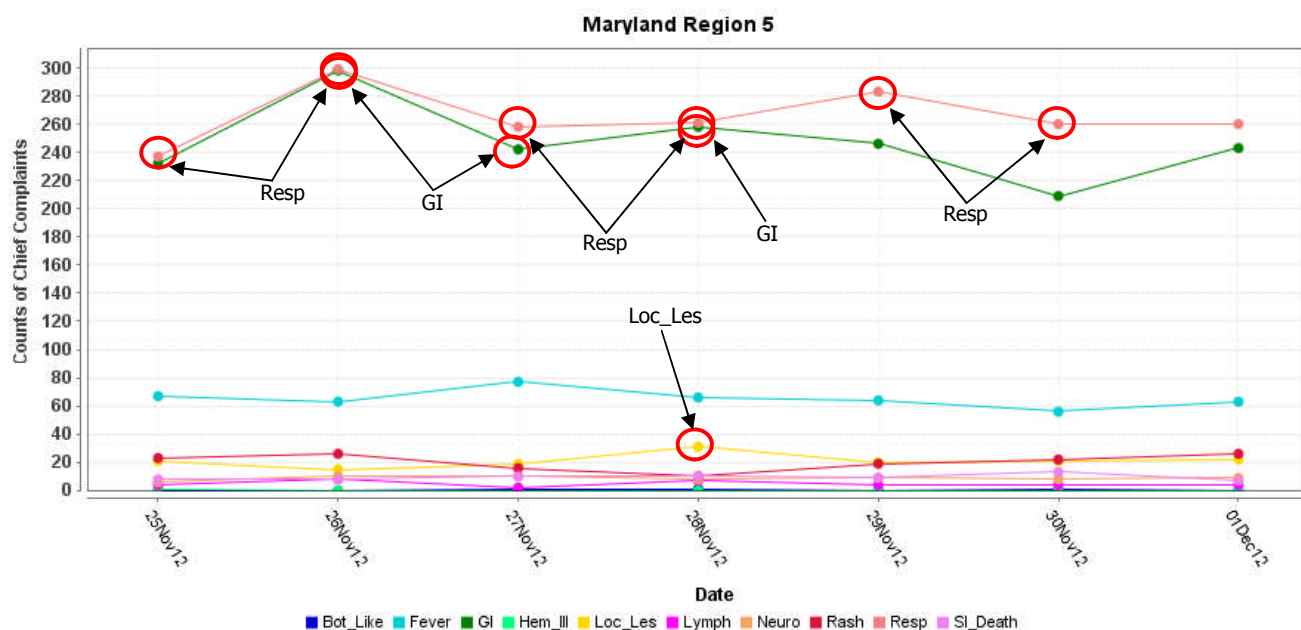
* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE

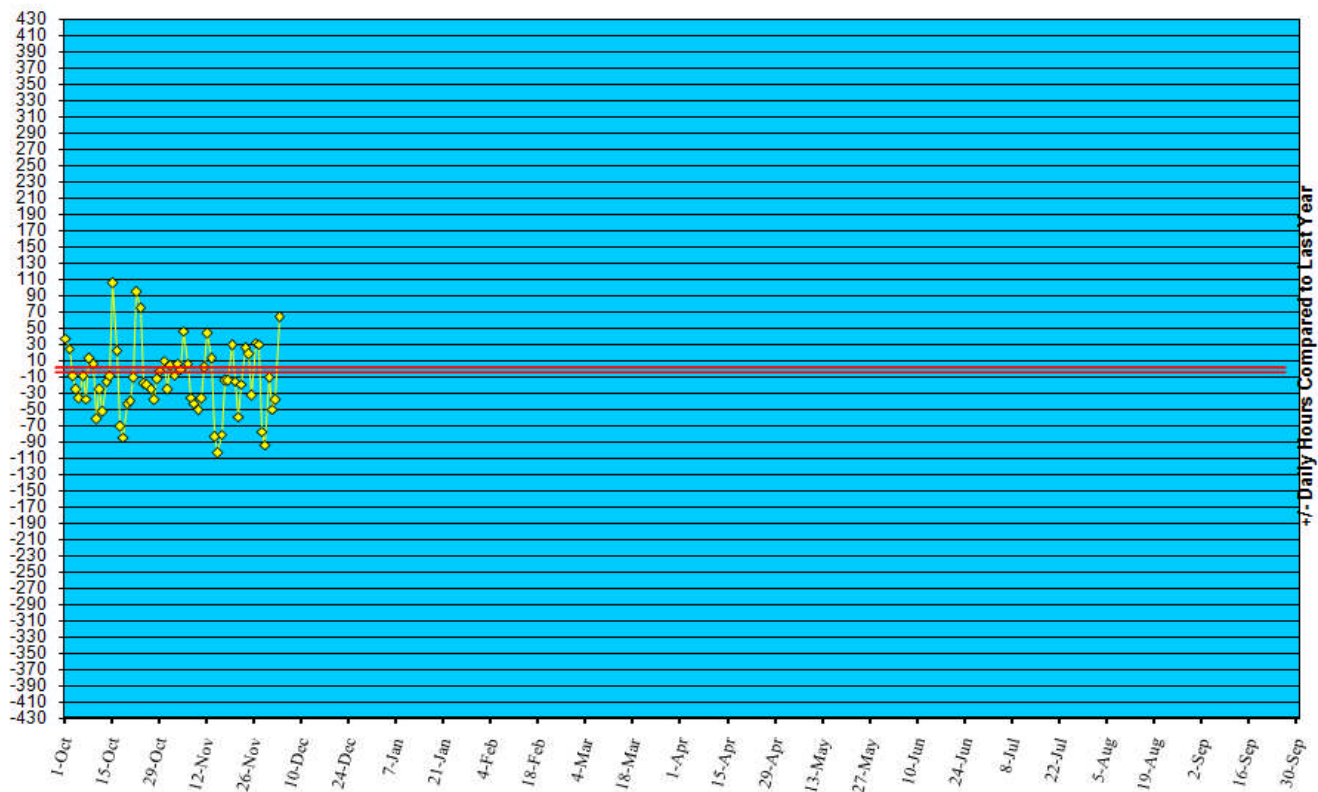


* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/11.

Statewide Yellow Alert Comparison Daily Historical Deviations October 1, '12 to December 1, '12



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to an emerging public health threat for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in October 2012 did not identify any cases of possible public health threats.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	<u>Aseptic</u>	<u>Meningococcal</u>
New cases (November 25 – December 1, 2012):	13	0
Prior week (November 18 – November 24, 2012):	8	0
Week#48, 2011 (November 27 – December 3, 2011):	9	0

4 outbreaks were reported to DHMH during MMWR Week 48 (November 25-December 1, 2012)

1 Gastroenteritis outbreak

1 outbreak of GASTROENTERITIS in a Nursing Home

1 Foodborne outbreak

1 outbreak of GASTROENTERITIS/FOODBORNE associated with a Restaurant

2 Respiratory illness outbreaks

1 outbreak of PERTUSSIS associated with a School

1 outbreak of LEGIONELLOSIS associated with a Hospital

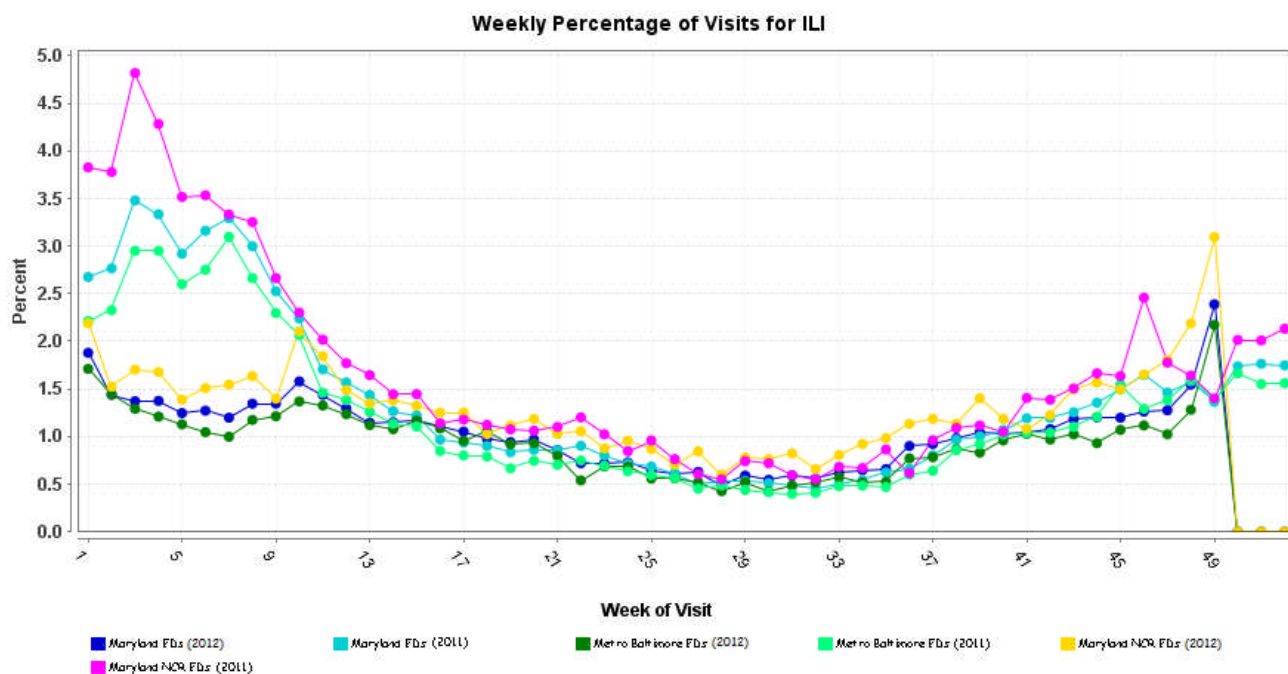
MARYLAND SEASONAL FLU STATUS

Seasonal Influenza reporting occurs October through May. Seasonal influenza activity for Week 48 was: Sporadic Activity with Minimal Intensity.

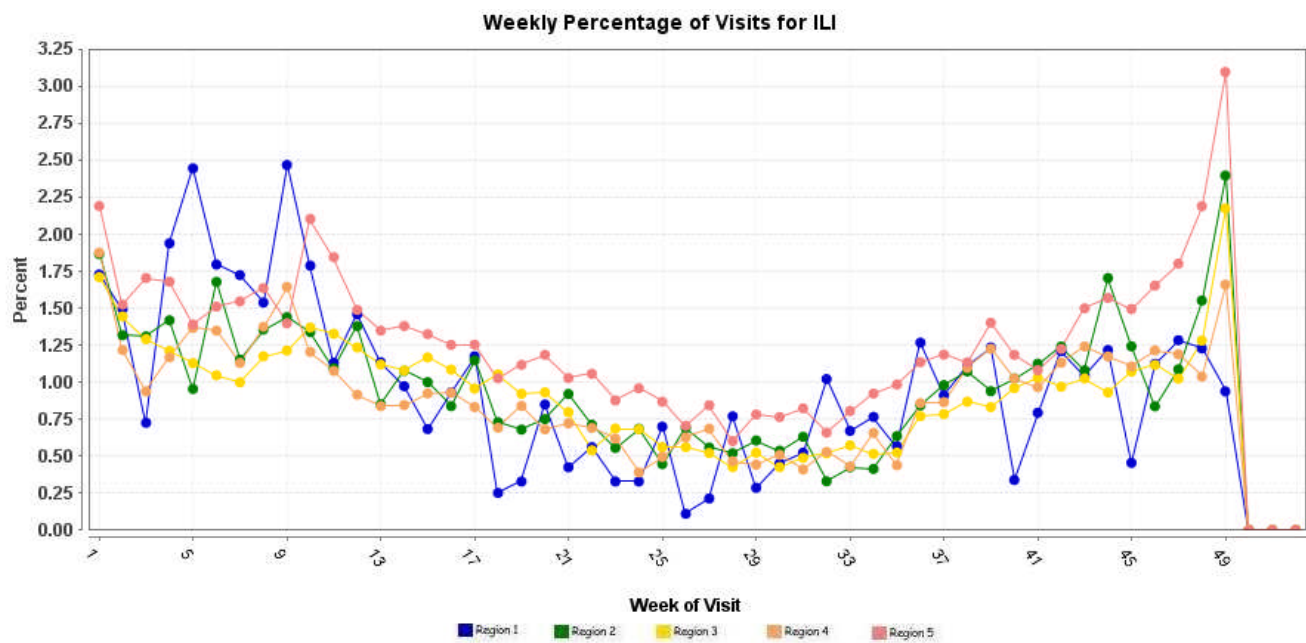
SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.



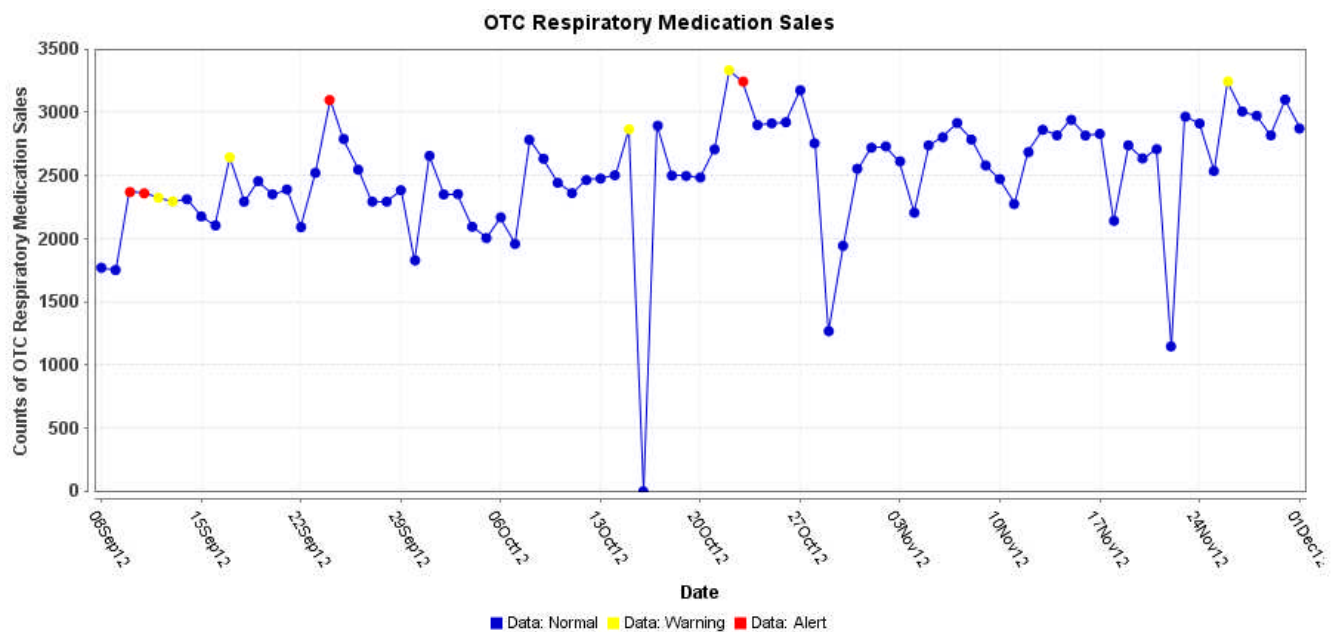
* Includes 2011 and 2012 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



*Includes 2012 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is 3. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic. As of August 10, 2012, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 608, of which 359 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 59%.

NATIONAL DISEASE REPORTS*

MUSHROOM POISONING (CALIFORNIA): 28 November 2012, A 4th person has died from eating a soup made with poisonous mushrooms earlier this month [November 2012] at senior care facility in Northern California, authorities said Tuesday [27 Nov 2012]. The Placer County Sheriff's Department identified a 92-year-old woman. 3 others at the 6-bed Gold Age Villa care facility in Loomis died from eating the mushrooms in what sheriff's investigators characterize as an accident. "This is an ongoing tragedy, an unfortunate accident," said Dena Erwin, spokeswoman for the sheriff's office. All of the victims were sickened 8 Nov 2012, including the caretaker who made the soup after picking mushrooms in the backyard of the facility. The other people who have died were an 86-year-old woman, a 73-year-old woman, and a 90-year-old man. California's Department of Social Services is investigating the incident, though sheriff's investigators have said the caretaker who made the soup did not know that the mushrooms were poisonous. The most recent death occurred at a nursing home, where the victim was transferred from a Sacramento-area hospital. Vomiting and diarrhea associated with mushroom poisoning can take 12 hours or longer to develop, which often makes it difficult to diagnose, said Dr Kent R Olson, medical director of the San Francisco division of the California Poison Control System. The loss of fluids can cause kidney failure, but the poisons attack the liver and stop the organ from producing normal proteins. The victim usually falls into a coma, and the liver eventually shuts down and dies. Fall begins the season for highly sought-after wild chanterelle mushrooms in Northern California, and for the amanita species of mushroom that include what are known as "death cap" and "death angel" varieties. Mushroom experts said that young poisonous North American amanitas found in the San Francisco Bay Area can often look like an edible version of a wild mushroom popular in Asia. California recorded 1700 cases of mushroom-related illnesses from 2009 to 2010, including 2 deaths. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

BOTULISM (ARIZONA): 26 November 2012, A total of 8 inmates from a maximum-security prison in Arizona were hospitalized with suspected botulism poisoning after apparently drinking homemade alcohol, authorities said on Monday, 26 Nov 2012. 7 of the inmates, whose names were not released, were being treated in intensive care with a special antitoxin after being admitted to the hospital on Saturday and Sunday, 24-25 Nov 2012, Pinal County spokeswoman Heather Murphy said. "All of them are unable to breathe on their own right now because of the paralysis caused by the botulism," Murphy said. The condition of the 8th prisoner was not known. Officials said the inmates, who range from 20 to 35 years old, were apparently poisoned from drinking contraband alcohol made inside the prison from fermented fruit, a brew commonly called pruno. The inmates were assigned to a special management unit at the state prison complex in Florence, Arizona. Prison and county health officials were monitoring other prisoners in the same area for possible additional cases. This is the 2nd time in nearly 4 months that inmates at the Arizona prison have apparently contracted botulism from prison-made alcohol. In August 2012, 4 prisoners were hospitalized after contracting the illness. In October 2011, federal health officials said 8 prisoners in Utah were sickened with botulism from drinking prison alcohol, the largest incident of botulism poisoning in the USA since 2007. (Botulism is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS*

ANTHRAX (UNITED KINGDOM): 30 November 2012, A possible anthrax site has been flagged up on land earmarked for Cheddar Reservoir 2. Whether animal carcasses carrying the animal-to-human disease are definitely buried on Hythe Lane off the B3151 Wedmore Road in Cheddar is unknown. But the possibility has been pointed out to Bristol Water, who are doing exploratory digging works in the vicinity. A 74-year-old man who lives in Barclay House on Hythe Lane believes he is the only resident who could be displaced if the reservoir is built south of the existing site. He said his nephew is an archaeologist and had spoken to a neighbouring farmer about anthrax-contaminated animals being buried after the First World War. The resident, a retired mechanic whose son now runs the family garage business from Hythe Lane, said: "I have spoken to DEFRA (Department for Environment, Food, and Rural Affairs) and they suggested I contact Sedgemoor District Council and they said they have no evidence of anthrax contamination after 1924 but they would look into it. If the surface of the suspect ground is broken the anthrax spores become airborne. [Most unlikely. - MHJ] It shocked me that DEFRA were not that interested and referred me to Sedgemoor. I'm not one of those cranks." He has lived at Hythe Lane since 1942 and is unhappy with the prospect of a reservoir being built as it would displace his family home and garage business. However, he is concerned about anthrax being stirred up not too far from a busy main road. Bristol Water confirmed its ground investigators for the proposed reservoir have been warned about the alleged anthrax. So far the suspect site has been avoided and its alleged existence is not expected to delay works. A spokesman said: "The information source is regarded as credible -- but, as yet, no records of any such burial site, possibly involving cattle that died from the disease, have been found. The land concerned has not yet been involved in the latest ground investigations. Full enquiries will be undertaken before any activity such as drilling takes place on the particular land in question. Neither staff nor public have been or will be placed in any danger." The anthrax investigation will be done by the book of Health and Safety Executive guidelines and the site team is equipped for any potential contamination. Anthrax is an increasingly rare disease and can be contracted through cuts, inhalation and ingestion. It was historic practice to carefully bury infected carcasses to limit any exposure of the disease to air through cuts. However, bleeds could occur, leading to anthrax spores that can become airborne when disturbed. In recent years 2 musical instrument makers have died in the UK after contracting anthrax from spores released from animal skins used to make drums. (Anthrax is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

EBOLA VIRUS DISEASE (CONGO): 27 November 2012, The latest outbreak of Ebola [virus disease] in the Democratic Republic of Congo [DRC] has ended after claiming 34 lives, Health Minister Felix Kabange Numbi said on Monday [26 Nov 2012]. According to revised figures, 62 people are believed to have been infected during the latest epidemic, which was declared in mid-August 2012 in the northeastern Orientale Province and which officially ended on Friday [23 Nov 2012], he said. The Health Ministry, the World Health Organization (WHO), the Centers for Disease Control based in Atlanta, Georgia (CDC), and Medecins sans Frontieres (MSF) have been working in close cooperation to combat the outbreak. To date, no treatment or vaccine is available for Ebola virus disease, which kills between 25 and 90 percent of those who fall sick, depending on the strain of the virus, according to the WHO. The disease is transmitted by direct contact with blood, feces, or sweat, or by sexual contact, or unprotected handling of contaminated corpses. The DRC has now recorded 8 outbreaks of Ebola virus disease, one of the world's most virulent diseases, since the virus was 1st reported near a river that gave the disease its name in 1976. (Viral Hemorrhagic Fevers are listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

SALMONELLA (NORWAY): 26 November 2012, A total of 8 inmates from a maximum-security prison in Arizona were hospitalized with suspected botulism poisoning after apparently drinking homemade alcohol, authorities said on Monday, 26 Nov 2012. 7 of the inmates, whose names were not released, were being treated in intensive care with a special antitoxin after being admitted to the hospital on Saturday and Sunday, 24-25 Nov 2012, Pinal County spokeswoman Heather Murphy said. "All of them are unable to breathe on their own right now because of the paralysis caused by the botulism," Murphy said. The condition of the 8th prisoner was not known. Officials said the inmates, who range from 20 to 35 years old, were apparently poisoned from drinking contraband alcohol made inside the prison from fermented fruit, a brew commonly called pruno. The inmates were assigned to a special management unit at the state prison complex in Florence, Arizona. Prison and county health officials were monitoring other prisoners in the same area for possible additional cases. This is the 2nd time in nearly 4 months that inmates at the Arizona prison have apparently contracted botulism from prison-made alcohol. In August 2012, 4 prisoners were hospitalized after contracting the illness. In October 2011, federal health officials said 8 prisoners in Utah were sickened with botulism from drinking prison alcohol, the largest incident of botulism poisoning in the USA since 2007. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

*National and International Disease Reports are retrieved from <http://www.promedmail.org/>.

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.dhmh.maryland.gov/>

Maryland's Resident Influenza Tracking System: <http://dhmh.maryland.gov/flusurvey>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

Zachary Faigen, MSPH
Biosurveillance Epidemiologist
Office of Preparedness and Response
Maryland Department of Health & Mental Hygiene
300 W. Preston Street, Suite 202
Baltimore, MD 21201
Office: 410-767-6745
Fax: 410-333-5000
Email: Zachary.Faigen@maryland.gov

Anikah H. Salim, MPH, CPH
Biosurveillance Epidemiologist
Office of Preparedness and Response
Maryland Department of Health & Mental Hygiene
300 W. Preston Street, Suite 202
Baltimore, MD 21201
Office: 410-767-2074
Fax: 410-333-5000
Email: Anikah.Salim@maryland.gov

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents

Table: Text-based Syndrome Case Definitions and Associated Category A Conditions

Syndrome	Definition	Category A Condition
Botulism-like	ACUTE condition that may represent exposure to botulinum toxin ACUTE paralytic conditions consistent with botulism: cranial nerve VI (lateral rectus) palsy, ptosis, dilated pupils, decreased gag reflex, media rectus palsy. ACUTE descending motor paralysis (including muscles of respiration) ACUTE symptoms consistent with botulism: diplopia, dry mouth, dysphagia, difficulty focusing to a near point.	Botulism
Hemorrhagic Illness	SPECIFIC diagnosis of any virus that causes viral hemorrhagic fever (VHF): yellow fever, dengue, Rift Valley fever, Crimean-Congo HF, Kyasanur Forest disease, Omsk HF, Hantaan, Junin, Machupo, Lassa, Marburg, Ebola ACUTE condition with multiple organ involvement that may be consistent with exposure to any virus that causes VHF ACUTE blood abnormalities consistent with VHF: leukopenia, neutropenia, thrombocytopenia, decreased clotting factors, albuminuria	VHF
Lymphadenitis	ACUTE regional lymph node swelling and/ or infection (painful bubo- particularly in groin, axilla or neck)	Plague (Bubonic)
Localized Cutaneous Lesion	SPECIFIC diagnosis of localized cutaneous lesion/ ulcer consistent with cutaneous anthrax or tularemia ACUTE localized edema and/ or cutaneous lesion/ vesicle, ulcer, eschar that may be consistent with cutaneous anthrax or tularemia INCLUDES insect bites EXCLUDES any lesion disseminated over the body or generalized rash EXCLUDES diabetic ulcer and ulcer associated with peripheral vascular disease	Anthrax (cutaneous) Tularemia
Gastrointestinal	ACUTE infection of the upper and/ or lower gastrointestinal (GI) tract SPECIFIC diagnosis of acute GI distress such as Salmonella gastroenteritis ACUTE non-specific symptoms of GI distress such as nausea, vomiting, or diarrhea EXCLUDES any chronic conditions such as inflammatory bowel syndrome	Anthrax (gastrointestinal)

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents
(continued from previous page)

Syndrome	Definition	Category A Condition
Respiratory	<p>ACUTE infection of the upper and/ or lower respiratory tract (from the oropharynx to the lungs, includes otitis media)</p> <p>SPECIFIC diagnosis of acute respiratory tract infection (RTI) such as pneumonia due to parainfluenza virus</p> <p>ACUTE non-specific diagnosis of RTI such as sinusitis, pharyngitis, laryngitis</p> <p>ACUTE non-specific symptoms of RTI such as cough, stridor, shortness of breath, throat pain</p> <p>EXCLUDES chronic conditions such as chronic bronchitis, asthma without acute exacerbation, chronic sinusitis, allergic conditions (Note: INCLUDE <i>acute exacerbation</i> of chronic illnesses.)</p>	<p>Anthrax (inhalational)</p> <p>Tularemia</p> <p>Plague (pneumonic)</p>
Neurological	<p>ACUTE neurological infection of the central nervous system (CNS)</p> <p>SPECIFIC diagnosis of acute CNS infection such as pneumococcal meningitis, viral encephalitis</p> <p>ACUTE non-specific diagnosis of CNS infection such as meningitis not otherwise specified (NOS), encephalitis NOS, encephalopathy NOS</p> <p>ACUTE non-specific symptoms of CNS infection such as meningismus, delirium</p> <p>EXCLUDES any chronic, hereditary or degenerative conditions of the CNS such as obstructive hydrocephalus, Parkinson's, Alzheimer's</p>	Not applicable
Rash	<p>ACUTE condition that may present as consistent with smallpox (macules, papules, vesicles predominantly of face/arms/legs)</p> <p>SPECIFIC diagnosis of acute rash such as chicken pox in person > XX years of age (base age cut-off on data interpretation) or smallpox</p> <p>ACUTE non-specific diagnosis of rash compatible with infectious disease, such as viral exanthem</p> <p>EXCLUDES allergic or inflammatory skin conditions such as contact or seborrheic dermatitis, rosacea</p> <p>EXCLUDES rash NOS, rash due to poison ivy, sunburn, and eczema</p>	Smallpox
Specific Infection	<p>ACUTE infection of known cause not covered in other syndrome groups, usually has more generalized symptoms (i.e., not just respiratory or gastrointestinal)</p> <p>INCLUDES septicemia from known bacteria</p> <p>INCLUDES other febrile illnesses such as scarlet fever</p>	Not applicable

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents
(continued from previous page)

Syndrome	Definition	Category A Condition
Fever	<p>ACUTE potentially febrile illness of origin not specified</p> <p>INCLUDES fever and septicemia not otherwise specified</p> <p>INCLUDES unspecified viral illness even though unknown if fever is present</p> <p>EXCLUDE entry in this syndrome category if more specific diagnostic code is present allowing same patient visit to be categorized as respiratory, neurological or gastrointestinal illness syndrome</p>	Not applicable
Severe Illness or Death potentially due to infectious disease	<p>ACUTE onset of shock or coma from potentially infectious causes</p> <p>EXCLUDES shock from trauma</p> <p>INCLUDES SUDDEN death, death in emergency room, intrauterine deaths, fetal death, spontaneous abortion, and still births</p> <p>EXCLUDES induced fetal abortions, deaths of unknown cause, and unattended deaths</p>	Not applicable